SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 605185

1. Corporation Name:
Ronald E. Haynes, MD, PA

Principal Place of Business
3884 Nottingham Dr.
Jupiter Springs, Fl.
34689

Mailing Address
same

2. Principal Place of Business
21
Suite, Apt. # or
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Suite, Apt. # or
27
City & State
28
Zip 29 | County 30

3. Date Incorporated or Qualified: 1976
3a. Date of Last Report: 1995
4. FEI Number: 59-1553173
Applied For / Not Applicable
5. Certificate of Status Desired: $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: $5.00 May Be Added to Fees
8. Is this corporation has liability for filing its tax under s. 199.032 Florida Statutes: [✓] Yes [ ] No

9. Name and Address of Current Registered Agent
John B. Faubon
2494 Bayshore Blvd.
Dunedin, Fl 34698

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of section 607.1505, Florida Statutes, the undersigned corporation submits the following statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

12. OFFICER AND DIRECTOR DATA [ ] DELETE

TITLE: President
NAME: Ronald E. Haynes
STREET ADDRESS: 3884 Nottingham Dr.
CITY-ST-ZIP: Jupiter Springs, Fl 34689

TITLE: Secretary
NAME: Jean E. Haynes
STREET ADDRESS: 3884 Nottingham Dr.
CITY-ST-ZIP: Jupiter Springs, Fl 34689

13. ADDITIONAL OFFICER/DIRECTOR DATA [ ] Delete [ ] Add

400001927034
-08/20/96--01121--021
***225.00

14. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of my position as registered agent.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
R. E. Haynes, MD

8/16/96

813-480-7409
CS 8/20/96

CR2E034 (3/96)